

By: Ellis

S.B. No. 1654

A BILL TO BE ENTITLED

AN ACT

relating to the enrollment of recipients of Supplemental Security
Income in certain medical assistance programs.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Subchapter C, Chapter 62, Health and Safety
Code, is amended by adding Section 62.106 to read as follows:

Sec. 62.106. RECIPIENTS OF SUPPLEMENTAL SECURITY INCOME.

(a) Within 21 days of receiving notice from the Social Security
Administration that a child enrolled in the state child health plan
is eligible for Supplemental Security Income, the commission shall:

(1) disenroll the child from the state child health
plan retroactive to the date the child became eligible for medical
assistance pursuant to Chapter 32 of the Human Resources Code, the
Social Security Act, and relevant federal regulations;

(2) submit to the child information to voluntarily
enroll in a medical assistance managed care plan; and

(3) reimburse a health plan provider for any payments
made by it to a health care provider for services delivered to the
child on and after the date the child became eligible for medical
assistance pursuant to Chapter 32 of the Human Resources Code, the
Social Security Act, and relevant federal regulations.

(b) To be eligible for reimbursement under Subsection (c), a
health plan provider must refund to the commission any capitation
payments received to provide health benefits coverage for the child

1 for a period on or after the date the child became eligible for
2 Supplemental Security Income (SSI).

3 SECTION 2. Section 533.0076, Government Code, is amended by
4 adding Subsection (d) to read as follows:

5 (d) This section does not prohibit the commission from
6 disenrolling a recipient under Section 533.0077.

7 SECTION 3. Subchapter A, Chapter 533, Government Code, is
8 amended by adding Section 533.0077 to read as follows:

9 Sec. 533.0077. RECIPIENTS OF SUPPLEMENTAL SECURITY INCOME.

10 (a) Except as provided for under Subsection (b) and (c), within 21
11 days of receiving notice from the Social Security Administration
12 that a recipient enrolled in a managed care plan is eligible for
13 Supplemental Security Income, the Commission shall:

14 (1) disenroll the recipient from the managed care plan
15 retroactive to the date the recipient became eligible for
16 Supplemental Security Income as identified by the Social Security
17 Administration;

18 (2) provide to the child's parent or guardian
19 information about enrolling in the medical assistance program under
20 Chapter 32, Human Resources Code, or voluntarily enrolling in an
21 appropriate medical assistance managed care program as available in
22 the child's health care service region; and

23 (3) reimburse a managed care organization for any
24 payments made by it to a health care provider for services delivered
25 to the recipient on and after the date the recipient became eligible
26 for Supplemental Security Income as determined by the Social
27 Security Administration.

1 (b) Subsection (a) does not apply to a medical assistance
2 managed care program designed primarily to provide behavioral
3 health services separate and apart from other medical services and
4 implemented with one or more federal waivers.

5 (c) This Subsection applies to any area of the state in
6 which one or more federal waivers require a recipient who is
7 receiving Supplemental Security Income to enroll in a managed care
8 plan for comprehensive medical services and long-term care
9 services. Within 21 days of receiving notice from the Social
10 Security Administration that a recipient enrolled in a managed care
11 plan has become eligible for Supplemental Security Income, the
12 Commission shall:

13 (1) disenroll the recipient from the managed care
14 organization that is participating in a medical assistance project
15 that does not mandate participation of recipients of Supplemental
16 Security Income, retroactive to the date the recipient became
17 eligible for Supplemental Security Income as identified by the
18 Social Security Administration, to the traditional Medicaid
19 program;

20 (2) prospectively enroll, using the established
21 Medicaid managed care enrollment procedures, the recipient in a
22 managed care plan that has been designated by the Commission in a
23 federal waiver to provide covered services to recipients of
24 Supplemental Security Income as identified by the Social Security
25 Administration; and

26 (3) reimburse the managed care organization
27 identified in subpart (1) for any payments made by it to a health

1 care provider for services delivered to the recipient on and after
2 the date the recipient became eligible for Supplemental Security
3 Income as identified by the Social Security Administration.

4 (d) To be eligible for reimbursement under Subsection
5 (a)(3) or (c)(3), a managed care organization must refund to the
6 commission any capitation payments received to provide health
7 benefits coverage for the recipient for a period on or after the
8 date the recipient became eligible for Supplemental Security Income
9 (SSI), as determined by the Social Security Administration.

10 SECTION 4. It is the understanding of the Legislature that
11 the current waivers in place with federal government already
12 provide for the provisions of this Act; therefore, it is the
13 Legislature's understanding that no waivers or authorizations from
14 the federal government should be necessary to implement this Act,
15 that no appropriations are necessary to implement this act, and
16 that no changes in capitation rates paid to any managed care
17 organization are necessary to implement this act. However, within
18 30 days of the effective date of this Act, an agency affected by any
19 provision of the Act shall determine:

20 a. whether a waiver or authorization from a federal
21 agency is necessary for implementation of any provision of this
22 Act; or

23 b. whether capitation payment rates paid to any
24 affected organizations must be amended to implement this Act.

25 If such a determination is made, the affected agency shall
26 promulgate rules within 180 days of the effective date of this Act
27 regarding any such waiver, authorization, or change to capitation

1 payment rates prior to seeking such a waiver, authorization or
2 making any such change to capitation payment rates. Following the
3 final adoption of any such rules, the state agency shall seek such a
4 waiver or authorization from a federal agency. Implementation of
5 this Act may be delayed pending receipt of a waiver or authorization
6 from a federal agency.

7 SECTION 5. This Act takes effect immediately if it receives
8 a vote of two-thirds of all the members elected to each house, as
9 provided by Section 39, Article III, Texas Constitution. If this
10 Act does not receive the vote necessary for immediate effect, this
11 Act takes effect September 1, 2007.